## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000061120**

1. Entity Name MAP HOLDINGS, LLC



FILED Mar 03, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

540 WATER STREET CELEBRATION, FL 34747

20

540 WATER STREET CELEBRATION, FL 34747

υS



01132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3748494 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIS, KEVIN A 540 WATAER STREET CELEBRATION, FL 34747

## DO NOT WRITE IN THIS SPACE

		1		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE  Signature (vine) or intitled name of repistoring spent and late it applicable. INOTE: Registered Aport standards required when remarking.  DATE				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when revisiting)	UAIE	
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS		- ···	
TITLE NAME SIRET ADDRESS CITY-ST-ZIP	MGR CURTIS, KEVIN A 906 SPRING PARK LOOP CELEBRATION, FL 34747		Lus 2000 sure do do	
TITLE NAME STHEET ADDRESS CITY-ST-ZIP			(III)10014454948 79715706-80034-017 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	DO NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		IN	IN THIS SPACE	
TITLE				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS EITY-ST-ZIP

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING MANAGUS MEMBER, OR AUTHORIZED REPRESENTATIVE

3.1.06

321-939-2210

Daytime Phot